

I want to be ... @ELHT Careers day

Personal Information: (for student attending event)

ALL fields in this form must be completed in **BLOCK CAPITAL** letters.

The information provided is kept confidential and not shared with any third parties.

FULL NAME:			
ADDRESS:			
POSTCODE:			
EMAIL ADDRESS:			
CONTACT TELEPHONE NUMBER:			
SCHOOL/COLLEGE:			
DATE OF BIRTH:		AGE:	
GENDER			
ETHNICITY:		NATIONALITY:	
DISABILITY:		ALLERGIES:	
ARE YOU NEET? (NOT IN EDUCATION, EMPLOYMENT OR TRAINING)			
SIGNATURE:			
PLEASE NOTE THAT THE FIELDS BELOW (*) ARE MANDATORY FOR THE ELHT CAREERS EVENT			
DETAILS OF PARENT/GUARDIAN			
*NAME AND ADDRESS OF PARENT/GUARDIAN (IF UNDER 18)			
*NAME AND ADDRESS/TELEPHONE DETAILS OF CONTACT IN CASE OF EMERGENCY			

<p>*ANY MEDICAL CONDITIONS WE NEED TO BE AWARE OF</p>	
--	--

<p>What are you hoping to gain from attending the event?</p>	
---	--

<p>What are you career aspirations?</p>	
--	--

Are you currently

<p>In Education <input type="checkbox"/></p> <p>Unemployed <input type="checkbox"/></p>	<p>Employed <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>If Other, please state:</p>	

If in Education	If Employed
------------------------	--------------------

<p>Where are you studying?</p> <p>What are you studying?</p>	<p>Company Name:</p> <p>What is your Job Title?</p>
--	---